PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

10/156383

| CLAIMS AS FI | | | | | | • | | SMALL ENTITY | | | OTHER THAN | | |
|--|--|---|--------------|-----------------------------------|----------------|------------------|---------|-------------------|------------------------|------|--------------------|------------------------|--|
| TOTAL CLAIMS | | | (Column 1) | | ; (Column 2) | | 1 | TYPE | | OR | OR SMALL ENTITY | | |
| 101/100/11110 | | | | | | | | RATE | FEE | ┨. | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | · | BASIC FEE | .150.00 | OR | BASIG FEE | 300.00 | |
| TOTAL CHARGEABLE CLAIMS | | | .ninus 20= | | | | | X\$ 25= | | OR | X\$50= | | |
| INDEPENDENT CLAIMS | | | minus 3 = | | • | | | X100= | | OR | X200= | | |
| MULTIPLE DEPENDENT CLAIM PRES | | | RESENT | ESENT - | | | | +180= | | OR | +360= | | |
| * If the difference in column 1 is less to | | | | ero, enter | "0" in (| column 2 | | TOTAL | | OR | TOTAL | | |
| ·. | CLAIMS AS AMENDED - PART II | | | | | | | | | • | OTHER | THAN . | |
| <u></u> | · ·. | (Colum | | (Column 3) | | .SMALL. | ЕНПТҮ - | OR | SMALL | | | | |
| AMENDMENT A | 1-19-06 | CLAIMS REMAINING AFTER AMENOMENT | | HIGHE NUME PREVIO PAID F | BER USLY : | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | . 13 | Minus · | " 2 | ĝ. | = / | | X\$ 25= | | OR | X\$50= | | |
| AME | Independent | INTATION OF M | Minus | *** F |) . CL 0104 | = / | | X100= | | OR | X200= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +180=. | / | OR | +360= | | |
| | | | | | | | . A | TOTAL DOIT FEE | | OR Z | TOTAL ODIT. FEE | | |
| | | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE HUMB PREVIOUS PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | . [| RATĖ | ADDI- TIONAL FEE | |
| | Total | • | Minus | 44 | | = | | X\$ 25= | | OR | X\$50= | | |
| | Independent | + | Minus | *** | | = | | X100= | | OR | X200= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +180= | | | .000 | | |
| | | · · · | | . • | | | L | TOTAL | | OR. | +360= | | |
| | | ٠. | | A | DOIT FEE | | OR. | ODIT. FEE | | | | | |
| - | <u></u> | (Column 1) CLAIMS | | . (Colum | | (Column 3) | م. | | | · . | | - | |
| ENT C | | REMAINING AFTER AMENDMENT | | HUMB POIVERS FOIAS | JSLY JSLY | PRESENT EXTRA | | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AMENDMENT C | Total : | 4 | Minus | ** | ÷ | = | | X\$ 25= | | OR | X\$50= | | |
| | Independent | • | Minus | 444 | | = | | X100= | | OR | X200= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | - | | | | | | |
| | • . | | | | | | L | +180= | <u> </u> | OR | +360= | | |
| | | | • • | | | | • | | | | • | | |
| | | | | | | | | | | . • | . : | 4 | |